

# An Experienced Pastor gives a Detailed Opinion on the Safety of Covid Vaccines

by Jeremy James



Some readers may have seen a lengthy email notification which Pastor David Cloud issued on 25 August on the Covid vaccines. Pastor Cloud has an online discernment ministry called *Way of Life Literature* and a monthly magazine called *O Timothy*. He has also authored a large number of books and booklets on Biblical Christianity. He has long enjoyed a reputation as a solid conservative defender of fundamental Baptist teaching and has regular communication with a seemingly large network of pastors and preachers around the world.

We do not normally comment on the position adopted by individual pastors. However, in this instance we are obliged to give close attention to Pastor Cloud's notification of 25 August since it raises issues of deep concern to many Christians at this time, but in a way which, in our opinion, is neither impartial nor objective.

His notification may be found at:

[https://www.wayoflife.org/reports/a\\_word\\_about\\_covid\\_vaccines.php](https://www.wayoflife.org/reports/a_word_about_covid_vaccines.php)

## Summary of his opinion

We might summarize his opinion as follows:

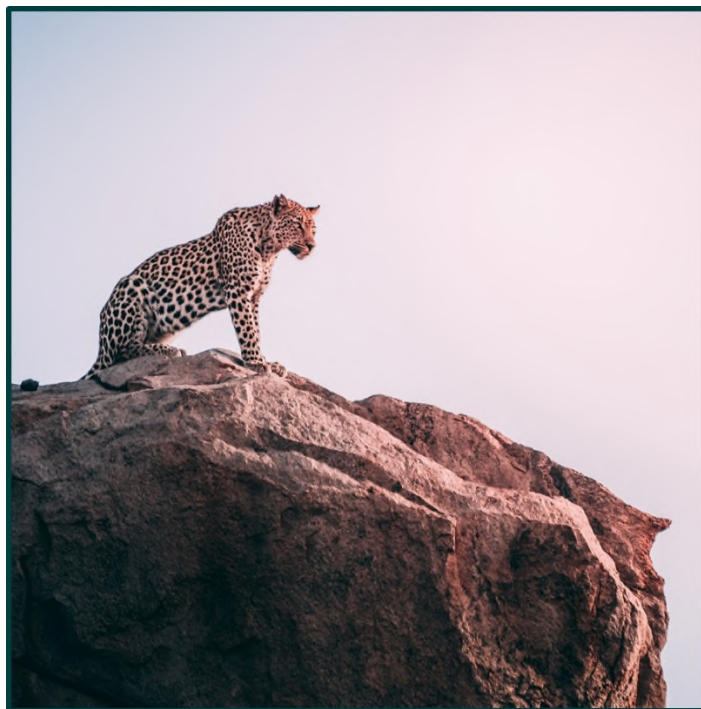
Christians who are concerned about the safety of the Covid vaccines are giving far too much credence to claims made by a very small number of medical experts. There are also many cranks and doomsayers on the Internet who are making bold pronouncements based on little or no evidence. Reports of serious adverse effects from the vaccines are not proof of a causal connection. Given that over 170 million Americans have taken the vaccine, we would expect several thousand to die over the following months in any event for reasons that have nothing whatever to do with the vaccine. The virus itself can be fatal and I know of several people who died from Covid, whereas I don't know personally of a single case where a person suffered a serious side effect after taking the vaccine. Covid is a dangerous disease and has claimed as many as four million lives worldwide. The CDC and the pharmaceutical companies are certainly not perfect but they are marketing in good faith a product which will lessen the risk of dying from Covid. According to a member of the faculty at Harvard Medical School, the mRNA vaccine "is incredibly safe." I am not advocating for or against the vaccine but I am asking Christians to set aside their fears and examine the evidence. I have personally taken the vaccine to enable me to travel abroad without having to quarantine.

We feel this is a generous summation of the case made by Pastor Cloud. It may lack the patronising jibes and the condescending tone that runs through much of his narrative – read his text and judge for yourself – but it captures the gist of what he is saying.



We will state here, in summary form, our own position on the Covid vaccines. This may help the reader to better evaluate the arguments and the evidence which we will present a little later:

The Covid 'pandemic' has been greatly exaggerated. Statistics show that it is not fatal among 99.8 percent of those who fall ill with the disease. It is no more dangerous and no more contagious than the flu. While there have been some unsubstantiated claims on the Internet and social media regarding the possible toxicity of the vaccines, by far the greatest level of fearmongering has come from our governments and the media. They have convinced the public that Covid is a terrifying disease. The authorities are using this high and sustained level of fear to promote an experimental vaccine, while suppressing all discussion of alternative, inexpensive and highly effective forms of treatment. The public is rightly concerned that our governments are doing whatever the pharmaceutical companies demand. This in turn has raised serious concerns about the objectivity and accuracy of what we are being told about the safety of the vaccines. It is a crisis of trust. Worse still, the totalitarian response by our governments is a disturbing sign that Covid and the vaccines are part of a wider political agenda. The vaccines may be harmful by design. We don't know for sure. They may be effective, but we don't know that either. We do know, however, that they are experimental, that they use highly innovative technology, that they have not been tested on animals, and that their long-term effects are completely unknown. The risk of harm from the vaccine far outweighs – by many orders of magnitude – the alleged benefits.



As you can see, we are not taking an extreme position. We are simply doing as Pastor Cloud has suggested and examining the evidence. We are concerned by what we have found and feel it is incumbent upon us, as students of God's Word, to state our position as clearly as we can.

## **Persuasive techniques**

Before we examine the many serious deficiencies in Pastor Cloud's presentation, we would like to draw attention to some of the techniques he is using to discredit the 'opposition'. It is clear from his tone that anyone who disagrees with the pastor is seen, not as a sincere correspondent, but as an opponent, someone who must be put in his place. He portrays the concerns of thousands of true Christian believers as quaintly eccentric. At one stage he refers to "professing Christians who aren't equipped spiritually and biblically to handle even a relatively minor problem." He adopts this patronising attitude from the outset and then proceeds to characterise his imagined opponents as "too much oriented toward conspiratorial frenzy". They are cast as simple-minded fools who swallow "wild-eyed quackery" and "will-o'-the-wisp conspiracies".



If these believers are troubled by "a relatively minor problem", as he claims, then they must be gravely deficient in Bible knowledge. They are clearly at fault for neglecting the Word of God and for allowing themselves to become unduly concerned about a medicinal product that could not possibly harm either them or their families. It never occurs to Pastor Cloud that these concerns are genuine, that these believers are seeking direction and guidance, and that they expect to be addressed in a Christian manner and treated with respect.

The technique Pastor Cloud is using is well known to the literati and syndicated journalists. To win an argument, portray the other side as gullible dullards who are wasting everyone's time or as extremists and troublemakers who have drifted far from God's Word. Never suggest for a moment that their case may warrant sober consideration.



Once it has been shown that these unfortunate people are handicapped by their feeble intelligence, their arguments become readymade targets of ridicule. Rather than examine the most compelling evidence, the author can focus instead on outlandish examples of what these simpletons believe. In this way he can trash their position while appearing to perform a charitable service. If they have accepted his premise – that these gullible dullards should be exposed for what they are – his readers will be carried along by his rhetoric.

We would like to think that many of Pastor Cloud’s regular readers are able to see that he is being grossly unfair in his treatment of believers who have grave personal reservations about the safety of Covid vaccines.

### **The high moral ground**

He also took care to adopt the high moral ground throughout and even implied that his knowledge of God’s Word was far superior to that of most believers. If they would only give more time to Bible study, he claimed, these troubled individuals would eventually come to see everything as clearly as he does.

We will comment further in the following section on the techniques which Pastor Cloud employed to sway his readers, to denigrate his ‘opponents’, and to reduce to “a relatively minor problem” the heartfelt concerns of many sincere, God-fearing believers.

This brings us to the kernel of our paper. In the following sections we will show just how many substantive issues were glossed over or ignored by Pastor Cloud in his discussion of Covid vaccines. In doing this, he was clearly not constrained by a lack of space since a significant proportion of his paper is given over to a discussion of Bible study and related matters.



### **VAERS data**

Let’s start with his treatment of data reported to the VAERS database. He agrees with the CDC when it says VAERS data cannot be used to impute causality and points to “the importance of distinguishing between association and causation when looking at post-vaccine death records.” He then takes this to a new level when, later in his paper, he disregards VAERS data entirely. In his opinion, no-one is entitled to cite VAERS data as an indicator that the Covid vaccines may be unsafe. As mentioned earlier, he actually maintained that the safety of the vaccines is indisputable when he quoted with approval a member of the faculty at Harvard Medical School who said the mRNA vaccine “is incredibly safe.” He also claims, without proof, that most of these alleged vaccine victims died from unrelated causes.

## Pfizer lies

Long before it released its Covid vaccine, Pfizer knew that its potential side effects were seriously debilitating and possibly fatal.

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*Extract from our paper*

### Worldwide Vaccine Experiment on Human Guinea-Pigs

**13 December 2020**

The FDA and the medical profession are well aware of the serious side effects that are likely to manifest after the vaccines are administered. The mainstream media will not inform the public that, at a presentation by the FDA on **22 October 2020**, a slide was shown with the draft list of “possible” side effects – see graphic [below](#).

We would urge our readers to examine this list very carefully since, quite frankly, it is horrifying. All of these “adverse event outcomes” are very serious. Some will result in death or a lifetime of chronic illness and debility. Of course, we cannot know how many recipients will suffer from one of these “possible” outcomes, but the very fact that the FDA is briefing its staff to anticipate adverse effects of this severity would suggest that the proportion of the population that will be affected will not be trivial.

If only one person in a thousand suffers one of these outcomes, then 320,000 Americans – healthy men, women and children – will be killed or permanently incapacitated by the vaccine.

#### **FDA Safety Surveillance of COVID-19 Vaccines :**

#### **DRAFT Working list of possible adverse event outcomes**

**\*\*\*Subject to change\*\*\***

- |   |  |
|---|--|
| ▪ Guillain-Barré syndrome   | ▪ Deaths   |
| ▪ Acute disseminated encephalomyelitis  | ▪ Pregnancy and birth outcomes                     |
| ▪ Transverse myelitis   | ▪ Other acute demyelinating diseases               |
| ▪ Encephalitis/myelitis/encephalomyelitis/<br>meningoencephalitis/meningitis/<br>encepholopathy | ▪ Non-anaphylactic allergic reactions              |
| ▪ Convulsions/seizures  | ▪ Thrombocytopenia                                 |
| ▪ Stroke  | ▪ Disseminated intravascular coagulation           |
| ▪ Narcolepsy and cataplexy  | ▪ Venous thromboembolism                           |
| ▪ Anaphylaxis   | ▪ Arthritis and arthralgia/joint pain              |
| ▪ Acute myocardial infarction   | ▪ Kawasaki disease                                 |
| ▪ Myocarditis/pericarditis  | ▪ Multisystem Inflammatory Syndrome<br>in Children |
| ▪ Autoimmune disease  | ▪ Vaccine enhanced disease                         |

Pastor Cloud is plainly wrong to disregard the VAERS data. If one compares like with like – as we are supposed to do – we will find that the number of deaths on VAERS that are attributed to the Covid vaccine are at least 20 times greater than the number that are attributed to other types of vaccine. We give the reasons for this in **Appendix A**. It took about 4.4 billion doses of ‘ordinary’ vaccines to cause a vaccine-related death toll of 3,000, but it required only 200 million Covid-vaccine doses to cause the same number of deaths.

### **Informed consent**

You will search in vain for the term “informed consent” in Pastor Cloud’s ‘impartial’ examination. The truth is that, in a paper designed to present the Covid vaccines as “incredibly safe” and “a relatively minor” matter, the notion of informed consent is redundant. After all, the CDC and its allies know what’s good for us and can be trusted to place our interests before profit – at least that is what Pastor Cloud would have us believe.

### **Alternative treatments**

He greatly downplays the availability and effectiveness of alternative modes of treatment, such as ivermectin, hydroxychloroquine, and intravenous vitamin C. They are mentioned only in passing. That something of such importance should be glossed over is difficult to understand. His readers have written to him, asking for reassurance, and yet he fails to explain that safe and effective modes of treatment exist. He also fails to mention that both the pharmaceutical industry and the government have aggressively suppressed vital information on these alternatives and have even taken steps to limit their availability. This alone is proof that both the industry and the regulatory agencies (CDC and FDA), which are controlled by the industry, are untrustworthy. His readers know that trust is the central issue where vaccine safety is concerned. If neither the manufacturers nor the regulatory agencies can be trusted, then what confidence can we place in their bold, unconfirmed claims? They must be wondering how a savvy, well-informed pastor could possibly fail to see this.



## Coercion

The question of government coercion and media propaganda is also ignored. If safe and effective alternatives exist, why are the authorities doing everything they can to bully and cajole the public into taking the vaccine? And if the vaccine is effective, then why should everybody be obliged to take it? After all, the ‘unvaccinated’ should pose no threat to those who have vaccine protection. The so-called vaccine is now mandatory in many employments, including the military, with severe penalties for anyone who declines to take it.

Shamefully, the pastor pretends that this atmosphere of intimidation does not exist, that this wider agenda – which has serious national implications – should not be taken as further proof that the authorities are playing fast and loose with the truth. How can anybody discuss the safety of the Covid vaccine without reference to the regimented, authoritarian methods that are being used to enforce its acceptance? We can see from this why a great many Christians are unable to believe the shaky medical ‘evidence’ that is being used to promote these vaccines.



Governments are restricting basic freedoms, such as the right to visit stores and restaurants or the right to travel, unless citizens agree to take the vaccine and “merit” a vaccine passport. This is clearly a nasty tactic. It shows the real purpose behind the Covid vaccine agenda – the imposition of authoritarian social control and a new mode of governance.



Pastor Cloud does not seem to see a problem with this. He even admits that he took the vaccine himself in order to be able to travel without the need to spend time in quarantine (“Again, I’m not advising anyone to take the vaccines or not to take them. I’ve taken one of the vaccines to facilitate international travel without quarantine.”).

### **Lack of independent expertise**

There is no independent analysis of what these vaccines are doing, of how they work, or what effects they may have on our long-term health. The only ‘experts’ in the field, and the only voices we are allowed to hear, are those employed or approved by the industry! If they are lying or withholding important information we have no way of knowing until unimaginable harm has been done. Pastor Cloud wants his readers to place their trust in these people, to ignore the stark absence of scientific objectivity and independent verification in their profit-making operations, and to believe, in the absence of any discernible evidence, that their Covid vaccines are “incredibly safe”.

The Word of God tells us to “prove” or test all things and hold fast that which is good (1 Thessalonians 5:21). It asks that we watch out for the wiles of the devil and not be **“ignorant of his devices” (2 Corinthians 2:11)**. We are also told that **“A prudent man foreseeth the evil, and hideth himself: but the simple pass on, and are punished.” (Proverbs 22:3)**. His readers are making a genuine effort to foresee the evil but the pastor will have none of it. He would appear instead to belittle their concerns and even to accuse them of failing to obey God’s Word.

### **Experimental**

The vaccines have never been tested on animal subjects. This is unheard of! How is it possible to inject millions of people with a product whose effects are unknown, even in animals? It can take up to ten years to fully test a new vaccine, but Pastor Cloud makes light of the fact that these experimental products are contravening all known scientific protocols. Well established rules and procedures no longer apply. The pharmaceutical industry is making up its own rules and discarding the rudimentary steps that are intended to protect us from potential harm.



**They want to turn our children into guinea-pigs.**

No sincere student of God's Word should countenance such an irresponsible and covetous attitude. The Lord asked that we be as wise as serpents. This means we are to familiarize ourselves with the tricks and wiles of the Enemy. His Word tells us that **"A false balance is abomination to the LORD: but a just weight is his delight."** (Proverbs 11:1) When the pharmaceutical industry flaunts the strict scientific standards – the weights and balances – that ought to apply, it is committing an abomination before the LORD.

Should we be concerned? Of course we should!

**Article in *America*, the Jesuit review,  
August 25, 2021**



Extract:

"How can so many American Christians not worry that they are committing one of our century's greatest sins of omission? The relevant facts can only be denied through a blindness that is itself sinful. For most people, the Covid-19 vaccines pose no greater threat to health than other medical prescriptions or procedures, yet they clearly save lives. Pope Francis has said that getting vaccinated is an "act of love," not for ourselves but for the vulnerable. One needs a compelling reason not to care for others by this means of prevention." – Terrance Klein

## What about our children?

Is Pastor Cloud indifferent to the harm that these vaccines might possibly inflict on our children? This is a powerful new technology, operating at the genetic level. In a world where microscopic environmental contaminants are known to seriously affect fertility, every “assault” on our body must be carefully examined. We simply don’t know how these experimental genetic serums will affect human fertility. Some scientists have warned that, given the novel nature of the technology, the risk is very real and yet the industry has not published any scientific studies to show that it has been properly addressed.

Consider, for example, a situation where spike proteins accumulate in the ovaries. Will their presence affect the fertilization process? This is an incredibly complicated series of biochemical steps. If the woman’s body detects anything unusual in the process, it will not allow it run to completion. In this way it avoids serious deformities developing in the fertilized egg. We already know that the vaccines cause an eight-fold increase in miscarriages in the first trimester, so their impact on fertility is very real.

These are facts – alarming facts – which Pastor Cloud sees fit to ignore.

We are commanded by God to protect and care for our families. It is not a suggestion or a guideline, but a binding obligation: **“But if any provide not for his own, and specially for those of his own house, he hath denied the faith, and is worse than an infidel.” (1 Timothy 5:8)** [provide, *pronoao*, “to take thought for, care for a thing” (Strong’s G4306)]

Christians who are not asking these questions and demanding answers backed up by convincing scientific proof are violating the command in 1 Timothy 5:8.

## Worldwide Vaccine Experiment on Human Guinea-Pigs

by Jeremy James



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## **It's not a vaccine**

To avoid confusion we generally refer to this product as a vaccine but it is not a vaccine in the true sense. Rather it is a gene-based therapy which uses nanotechnology to penetrate the cell wall and insert a genetic RNA sequence which prompts the cell to produce a signature protein found in the Covid-19 virus. One's immune system is expected to identify this 'spike' protein as evidence that the virus has entered the body. It should then produce antibodies to attack and kill the virus.

A true vaccine does not work in this fashion. It does not interfere with cellular activity at a genetic level. Instead it introduces into the muscle tissue either an attenuated live version of the virus or the deactivated viral shell. In either case the body's immune system will detect the (harmless) intruder and recognize that, in its activated state, it could harm the body. It then produces a new set of antibodies to tackle this specific intruder if it ever shows up again.



Recipients of the Covid vaccines are not being told this. They don't understand that they are being treated with a completely new type of technology, one that has never been used successfully, not even on animals. They are not being told that it is an experimental product, that it still undergoing trials, and that they – the human recipients – are the guinea pigs that the industry is using to test its product. They are not being told that the industry has confirmed that the 'vaccine' does not prevent infection by the Covid virus or transmission of the virus to others. The companies only claim that, if one does become infected, their product will reduce the symptomatic impact of the virus.

Pastor Cloud ignores all of this. Worse still, he treats with disdain a person who wrote to him and referred to the fact that many of the animals used in these earlier, unsuccessful trials died shortly after receiving the 'vaccine':

“I am seeing it be the occasion for swallowing wild-eyed quackery (e.g., “all the animals died when they did whatever testings were done”) and will-o'-the-wisp conspiracies.”



As it happens, the animals died from ADE (antibody dependent enhancement). The pastor does not accept that the vaccines could possibly cause ADE (“I don’t believe that the vaccine causes antibody-dependent enhancement of disease (ADE).”) He offers no scientific evidence to support this belief. Sadly, the reader is expected to take his belief, along with several others listed in his paper, as though they had evidential weight. In effect he is saying, *Trust me, I’m a pastor*.

But this simply isn’t good enough! Let’s consider instead the words of a real expert in the field, Dr Robert Malone, who contributed to the development of the mRNA vaccine.



**Dr Malone being interviewed by Tucker Carlson.**

## **Antibody Dependent Enhancement**

Around end-July, in an interview conducted by Steve Bannon on *Real America’s Voice*, Dr Malone said the following (Note: a titre is the concentration of an antibody):

“The titres in the vaccinated are actually higher than in the unvaccinated. What does this mean?...This is precisely what one would see if antibody dependent enhancement [ADE] would happen. What is antibody dependent enhancement? Briefly, it’s that the vaccine causes the virus to become more infectious than would happen in the absence of vaccination. It would cause the virus to replicate at higher levels... This is the vaccinologist’s worst nightmare. It happened with the respiratory syncytial virus in the ’60s and caused more child deaths in vaccine recipients than in the unvaccinated... and it happened with virtually every other coronavirus vaccine development program, certainly in humans, known in history. It’s what vaccinologists like myself have been warning you about since the outset – the risk of antibody dependent enhancement.”

When someone of his stature sounds a warning like this, a warning based on evidence and sound scientific principles, we really ought to listen. He may be wrong, but what are the implications for mankind if he is right? It isn’t every day that one hears a medical expert use an expression like “the vaccinologist’s worst nightmare”.

## **Other issues of concern**

There are other issues of concern in Pastor Cloud's notification which we will not delve into at this time. They include his failure to consider the censorship that has stifled fair Christian discussion of the vaccines, the sinister way the pharmaceutical industry has avoided all liability for the harm being caused by their vaccines, the unethical control exercised by the industry over the CDC and the FDA, the plan to require additional (or seasonal) doses of the vaccine in order to retain 'vaccinated' status, the CDC proposals to set up a nationwide quarantine network (known as "green zones") for the 'unvaccinated', and the startling lack of evidence that the vaccines provide any protection whatsoever!

## **Holocaust survivors**

Jewish survivors of the Holocaust, along with their families, are fully awake to the dreadful threat posed by the Covid vaccine program. In an open letter to the European Medical Agency, dated 25 August 2021, they demanded the immediate cessation of the program, which they call "this ungodly medical experiment on humankind." [See **Appendix B**]

## **CONCLUSION**

In one camp, we have those who claim the vaccine is both therapeutic and completely safe. These include the CDC, Anthony Fauci, Franklin Graham, David Cloud, the Pope, and the Jesuit Order. Their counsel is totally one-sided.

In the other camp we have those who weigh the scientific evidence as best they can, who examine the VAERS data and related reports of adverse reactions, and who give careful and prayerful thought to the warnings issued by leading experts. They are responding as the Word of God requires: **"Where no counsel is, the people fall: but in the multitude of counsellors there is safety." (Proverbs 11:14)**

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**"Therefore to him that knoweth to do good, and doeth it not,  
to him it is sin." – James 4:17**

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**Jeremy James  
Ireland  
August 30, 2021**

**- SPECIAL REQUEST -**

Regular readers are encouraged to download the papers on this website for safekeeping and future reference. They may not always be available. Papers for each year from 2009 to 2020 may also be downloaded in one or more files from [www.archive.org](http://www.archive.org) (Use the search term 'Jeremy James New World Order').

We are rapidly moving into an era where material of this kind may be obtained only via email. Readers who wish to be included on a future mailing list are welcome to contact me at the following email address:- **jeremypauljames@gmail.com**.

**For further information visit [www.zephaniah.eu](http://www.zephaniah.eu)**

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## APPENDIX A

### **VAERS data shows beyond doubt that the Covid vaccines are potentially much more harmful than other vaccines**

The vaccines approved for routine use in the US are designed to treat the following diseases:

- |  |  |
|--|--|
| • <a href="#">Chickenpox (Varicella)</a>                     | • <a href="#">Mumps</a>                      |
| • <a href="#">Diphtheria</a>                                 | • <a href="#">Pneumococcal</a>               |
| • <a href="#">Flu (Influenza)</a>                            | • <a href="#">Polio (Poliomyelitis)</a>      |
| • <a href="#">Hepatitis A</a>                                | • <a href="#">Rotavirus</a>                  |
| • <a href="#">Hepatitis B</a>                                | • <a href="#">Rubella (German Measles)</a>   |
| • <a href="#">Hib (<i>Haemophilus influenzae</i> type b)</a> | • <a href="#">Shingles (Herpes Zoster)</a>   |
| • <a href="#">HPV (Human Papillomavirus)</a>                 | • <a href="#">Tetanus (Lockjaw)</a>          |
| • <a href="#">Measles</a>                                    | • <a href="#">Whooping Cough (Pertussis)</a> |
| • <a href="#">Meningococcal</a>                              |  |

Many of these are given in childhood, in accordance with a schedule that reaches to age 18. Many adults also receive vaccines to protect against diseases like flu and shingles. In addition to this, adults travelling outside the US will sometimes receive vaccines to guard against certain tropical diseases.

The recommended adult immunization schedule for the US is shown overleaf. From it we can see that millions of Americans are receiving a variety of vaccines over the course of their adult lives. The flu vaccine is now the most common.

The second table overleaf shows the uptake of flu vaccines in the US between 2008 and 2021. During this period over 1,900 million doses were administered.

The recommended childhood immunization schedule is set out below. This has expanded considerably since 1986. A report by Children's Health Defense (see the **Annexe** to this Appendix) compared the schedules for 1986 and 2019 respectively and found that "In the early 1980s, children received three vaccines for seven illnesses – two combination vaccines (diphtheria-tetanus-pertussis and measles-mumps-rubella) and a polio vaccine – totalling two dozen doses by age 18.... [Today] the childhood vaccine schedule requires almost six dozen doses through age 18 for sixteen diseases."



**Table 1** Recommended Adult Immunization Schedule by Age Group, United States, 2021

Vaccine	19–26 years	27–49 years	50–64 years	≥65 years
Influenza inactivated (IIV) or Influenza recombinant (RIV4) <b>or</b> Influenza live, attenuated (LAIV4)	1 dose annually			
Tetanus, diphtheria, pertussis (Tdap or Td)	1 dose Tdap each pregnancy; 1 dose Td/Tdap for wound management (see notes)			
	1 dose Tdap, then Td or Tdap booster every 10 years			
Measles, mumps, rubella (MMR)	1 or 2 doses depending on indication (if born in 1957 or later)			
Varicella (VAR)	2 doses (if born in 1980 or later)		2 doses	
Zoster recombinant (RZV)			2 doses	
Human papillomavirus (HPV)	2 or 3 doses depending on age at initial vaccination or condition	27 through 45 years		
Pneumococcal conjugate (PCV13)	1 dose			1 dose
Pneumococcal polysaccharide (PPSV23)	1 or 2 doses depending on indication			1 dose
Hepatitis A (HepA)	2 or 3 doses depending on vaccine			
Hepatitis B (HepB)	2 or 3 doses depending on vaccine			
Meningococcal A, C, W, Y (MenACWY)	1 or 2 doses depending on indication, see notes for booster recommendations			
Meningococcal B (MenB)	2 or 3 doses depending on vaccine and indication, see notes for booster recommendations			
	19 through 23 years			
Haemophilus influenzae type b (Hib)	1 or 3 doses depending on indication			

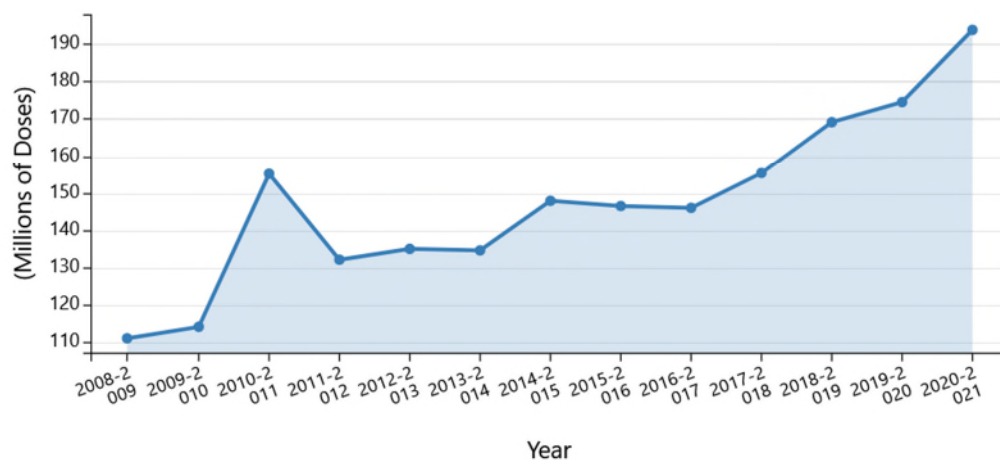
Recommended vaccination for adults who meet age requirement, lack documentation of vaccination, or lack evidence of past infection

Recommended vaccination for adults with an additional risk factor or another indication

Recommended vaccination based on shared clinical decision-making

No recommendation/Not applicable

## Influenza Vaccine Doses Distributed in the United States, By Season



data set: 110.9; 114; 155.1; 132; 134.9; 134.5; 147.8; 146.4; 145.9; 155.3; 169.1; 174.5; 193.8.

Source: <https://www.cdc.gov/flu/prevent/vaccine-supply-historical.htm>

**Table 1** Recommended Child and Adolescent Immunization Schedule for ages 18 years or younger, United States, 2021

These recommendations must be read with the notes that follow. For those who fall behind or start late, provide catch-up vaccination at the earliest opportunity as indicated by the green bars. To determine minimum intervals between doses, see the catch-up schedule (Table 2). School entry and adolescent vaccine age groups are shaded in gray.

Vaccine	Birth	1 mo	2 mos	4 mos	6 mos	9 mos	12 mos	15 mos	18 mos	19–23 mos	2–3 yrs	4–6 yrs	7–10 yrs	11–12 yrs	13–15 yrs	16 yrs	17–18 yrs
Hepatitis B (HepB)	1 <sup>st</sup> dose	← 2 <sup>nd</sup> dose →			← 3 <sup>rd</sup> dose →												
Rotavirus (RV): RV1 (2-dose series), RV5 (3-dose series)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes												
Diphtheria, tetanus, acellular pertussis (DTaP <7 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose			← 4 <sup>th</sup> dose →				5 <sup>th</sup> dose					
Haemophilus influenzae type b (Hib)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	See Notes		← 3 <sup>rd</sup> or 4 <sup>th</sup> dose, See Notes →										
Pneumococcal conjugate (PCV13)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose	3 <sup>rd</sup> dose		← 4 <sup>th</sup> dose →										
Inactivated poliovirus (IPV <18 yrs)			1 <sup>st</sup> dose	2 <sup>nd</sup> dose			← 3 <sup>rd</sup> dose →					4 <sup>th</sup> dose					
Influenza (IIV)																	
OR																	
Influenza (LAIV4)																	
Measles, mumps, rubella (MMR)					See Notes		← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Varicella (VAR)							← 1 <sup>st</sup> dose →					2 <sup>nd</sup> dose					
Hepatitis A (HepA)					See Notes												
Tetanus, diphtheria, acellular pertussis (Tdap ≥7 yrs)																	
Human papillomavirus (HPV)																	
Meningococcal (MenACWY-D ≥9 mos, MenACWY-CRM ≥2 mos, MenACWY-TT ≥2 years)																	
Meningococcal B																	
Pneumococcal polysaccharide (PPSV23)																	

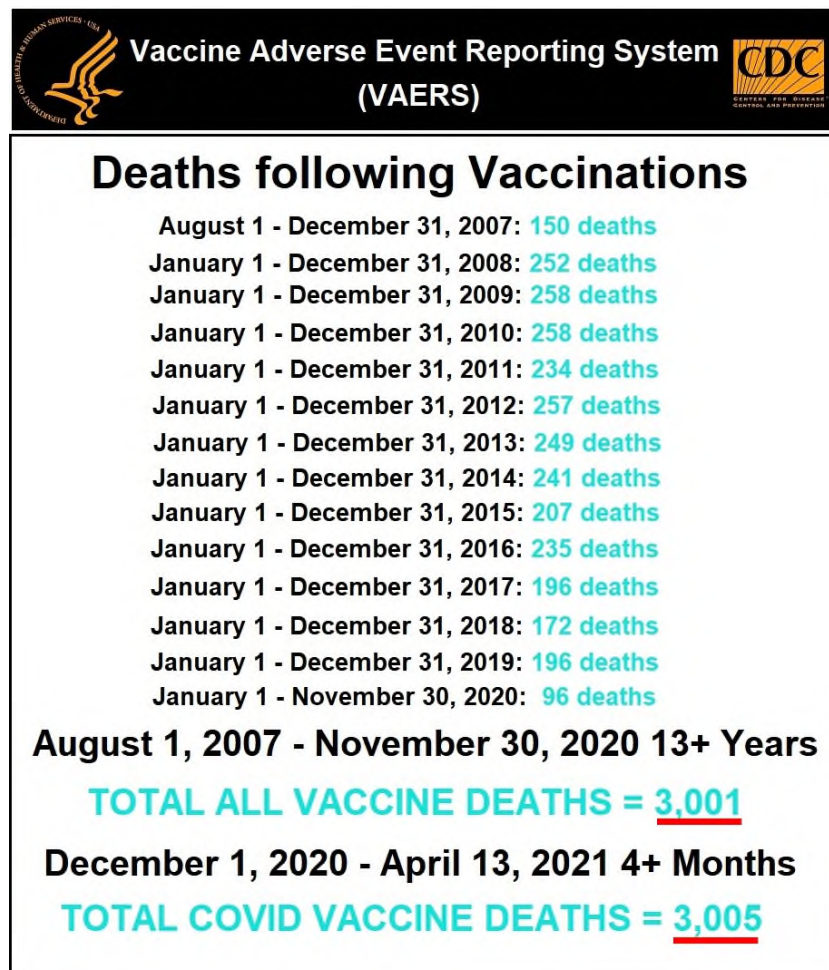
Range of recommended ages for all children
Range of recommended ages for catch-up immunization
Range of recommended ages for certain high-risk groups
Recommended based on shared clinical decision-making or \*can be used in this age group
No recommendation/not applicable

The national statistics for the US show that around 25 percent of the population are under age 18. Of these, about 90% participate in the CDC childhood vaccine program. Using these figures, and taking 50 as the average recommended number of childhood doses during this period, we can calculate the estimated total number of vaccine doses delivered to persons under age 18 between 2007 and 2019:

$$310 \text{ million} \times 25\% \times 90\% \times 50 \times (13/18) = 2,518 \text{ million.}$$

If we add these figures (flu doses given to adults in the period 2007-2019 and childhood doses given to persons under age 18 over the same period) we arrive at 4.4 billion doses (1.9 plus 2.5). We now need to take the number of vaccine-related deaths associated with this figure and compare it with the death/dose ratio for the Covid-vaccine.

The chart below gives the number of vaccine-related deaths reported to VAERS for each year, beginning in 2007.



Between 2007 and the start of the Covid vaccine program on 1 December 2020, the total number of deaths reported to VAERS was 3,001. How many “jabs” were needed to produce that number of deaths? As we have already shown, the figure exceeds 4.4 billion “jabs”.

By 13 April 2021, about 122 million Americans had received at least one dose of the Covid vaccine. Of these, 75 million had received the full course of Covid shots. Thus about 200 million “jabs” (shots/doses) are associated with 3,005 Covid-vaccine related deaths reported to VAERS.

The number of deaths in each instance is almost the same (c.3000) but the number of Covid-vaccine jabs needed to produce this result was over 20 times less! This shows that the Covid vaccines are at least twenty times more harmful than other vaccines. It is hard to dispute this figure since we are comparing like with like, VAERS-reported deaths and total doses in one group with VAERS-reported deaths and total doses in another group.



## ANNEXE to Appendix A

CDC Recommended Childhood Vaccine Schedule: 1986 vs 2019					
1986 ⇒	12 shots 25 antigens 8 diseases		2019 ⇒	54 shots 70 antigens 16 diseases	
DTP (2 Months)	MMR (15 Months)	DTP (4 Years)	Hep B (1 day)	Influenza (7 Months)	Influenza (5 years)
Polio (2 Months)	DTP (18 Months)	Polio (4 Years)	Hep B (1 Month)	MMR (12 Months)	Influenza (6 years)
DTP (4 Months)	Polio (18 Months)	Td (14 Years)	DTaP (2 Months)	Varicella (12 Months)	Influenza (7 years)
Polio (4 Months)	Hib (2 Years)		Polio (2 Months)	Hib (12 Months)	Influenza (8 years)
DTP (6 Months)			Hib (2 Months)	Hep A (12 Months)	Influenza (9 years)
			PCV 13 (2 Months)	PCV 13 (12 Months)	Influenza (10 years)
			Rotavirus (2 Months)	DTaP (15 Months)	HPV (11 Years)
			DTaP (4 Months)	Hep A (18 Months)	Meningococcal ACWY (11 Years)
			Polio (4 Months)	Influenza (18 Months)	Tdap (11 Years)
			Hib (4 Months)	Influenza (2 Years)	Influenza (11 years)
			PCV 13 (4 Months)	Influenza (3 Years)	HPV (11.5 Years)
			Rotavirus (4 Months)	Influenza (4 years)	Influenza (12 years)
			DTaP (6 Months)	DTaP (4 Years)	Influenza (13 years)
			Polio (6 Months)	MMR (4 Years)	Influenza (14 years)
			Hep B (6 months)	Polio (4 Years)	Influenza (15 years)
			Hib (6 Months)	Varicella (4 Years)	Meningococcal ACWY (16 Years)
			PCV 13 (6 Months)		Influenza (16 years)
			Rotavirus (6 Months)		Influenza (17 years)
			Influenza (6 Months)		Influenza (18 years)

Note: DTP, DTaP, Tdap and MMR vaccines contain three antigens each.

SOURCE: CDC Recommended Childhood Vaccine Schedule, Birth to 18

“In the early 1980s, children received three vaccines for seven illnesses – two combination vaccines (diphtheria-tetanus-pertussis and measles-mumps-rubella) and a polio vaccine – totalling two dozen doses by age 18. In the decade following 1989 (beginning soon after the NCVIA’s implementation), the CDC packed multiple doses of several more vaccines into the childhood schedule, including those for *Haemophilus influenzae* type b (Hib), hepatitis B (on the day of birth) and varicella (chickenpox), as well as a rotavirus vaccine (withdrawn a year after its introduction). Next, in the first decade of the 2000s, the CDC recommended an even larger batch of new vaccines, going after not just children but also adolescents and adults: hepatitis A, HPV, meningococcal conjugate, pneumococcal conjugate, rotavirus (again) and zoster (shingles), along with an adult tetanus-diphtheria-pertussis booster (Tdap) and a massive expansion of influenza vaccine recommendations for all ages. At present, the childhood vaccine schedule requires almost six dozen doses through age 18 for sixteen diseases.” – <https://childrenshealthdefense.org/child-health-topics/known-culprit/vaccines-culprit/cdc-recommended-vaccine-schedule-1986-vs-2019/>



## APPENDIX B

### **Open letter sent to the European Medical Agency by Holocaust survivors and their families demanding the immediate cessation of the Covid vaccine program, which they call “an ungodly medical experiment”.**

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EMA  
Mrs. Emer Cooke  
Domenico Scarlattilaan 6  
1083 HS Amsterdam  
The Netherlands

August 25, 2021

#### **STOP HOLOCAUST**

Ladies and Gentlemen,

We, the survivors of the atrocities committed against humanity during the Second World War, feel bound to follow our conscience and write this letter.

It is obvious to us that another holocaust of greater magnitude is taking place before our eyes. The majority of the world's populace do not yet realize what is happening, for magnitude of an organized crime such as this is beyond their scope of experience. We, however, know. We remember the name Josef Mengele. Some of us have personal memories. We experience a déjà vu that is so horrifying that we rise to shield our poor fellow humans. The threatened innocents now include children, and even infants.

**In just four months, the COVID-19 vaccines have killed more people than all available vaccines combined from mid-1997 until the end of 2013 – a period of 15.5 years. And people affected worst are between 18 and 64 years old – the group which was not in the Covid statistics.**

We call upon you to stop this ungodly medical experiment on humankind immediately.

What you call “vaccination” against SARS-Cov-2 is in truth a blasphemic encroachment into nature. Never before has immunization of the entire planet been accomplished by delivering a synthetic mRNA into the human body. It is a medical experiment to which the Nuremberg Code must be applied. The 10 ethical principles in this document represents a foundational code of medical ethics that was formulated during the Nuremberg Doctors Trial to ensure that human beings will never again be subjected to involuntary medical experimentation & procedures.

Principle 1 of the Nuremberg Codex:

**(a) *The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision.*** **(b) *This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonably to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.***

**(c) *The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs, or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.***

Re. (a): There is no question of a free decision. Mass media spread fear and panic and use the rule of Goebbels' propaganda by repeating untruths until they are believed. For weeks now they have been calling for the ostracism of the unvaccinated. If 80 years ago it was the Jews who were demonized as spreaders of infectious diseases, today it is the unvaccinated who are being accused of spreading the virus. Physical integrity, freedom to travel, freedom to work, all coexistence has been taken away from people in order to force vaccination upon them. Children are being enticed to get vaccinated against their parents' judgement.

Re (b): The 22 terrible side effects already listed in the FDA emergency use authorization were not disclosed to the subjects of the experimental trial. We list those below to the benefit of the world public.

By definition, there has never been informed consent. In the meantime, thousands of side effects recorded in numerous databases are on record. While the so-called case numbers are being bleeped in 30-min-intervals by all mass media, there is neither any mentioning of the serious adverse side effects nor how and where the side effects are to be reported. As far as we know, even recorded damages have been deleted on a large scale in every database.

Principle 6 of the Nuremberg Code requires: *The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.*

“Vaccination” against Covid has proven to be more dangerous than Covid for approximately 99% of all humans. As documented by Johns Hopkins, in a study of 48,000 children, children are at zero risk from the virus. Your own data shows that children who are at no risk from the virus, have had heart attacks following vaccination; more than 15,000 have suffered adverse events – including more than 900 serious events. At least 16 adolescents have died following vaccination in the USA. As you are aware, just around 1% are being reported. And the numbers are increasing rapidly as we write. With your knowledge.

Principle 10 of the Code: *During the course of the experiment, the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him, that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.*

Allegedly around 52% of the world population has received at least one shot. Honest disclosure of the true number of “vaccine” injured, terminally injured as well as deceased worldwide is long overdue. These are millions in the meantime. Provide us with the true numbers of Covid vaccine casualties now.

How many will be enough to awaken your conscience?

**List of adverse effects being known to FDA before the emergency approval**

Guillain-Barré syndrome  
Acute disseminated encephalomyelitis  
Transverse myelitis  
Encephalitis/encephalomyelitis/meningoencephalitis/meningitis/encephalopathy  
Convulsions/seizures  
Stroke  
Narcolepsy and cataplexy  
Anaphylaxis  
Acute myocardial infarction  
Myocarditis/pericarditis  
Autoimmune disease  
Deaths  
Pregnancy and birth outcomes  
Other acute demyelinating diseases  
Non-anaphylactic allergic reactions  
Thrombocytopenia  
Disseminated intravascular coagulation  
Venous thromboembolism  
Arthritis and arthralgia/joint pain  
Kawasaki disease  
Multisystem inflammatory syndrome in CHILDREN  
Vaccine enhanced disease.

Signed

Concentration Camp survivors, their sons, and daughters, and grandchildren, including persons of goodwill and conscience:

Disclaimer:

*The personal data of the Holocaust Survivors and their keens may be provided for authentication purposes upon an official request. In an open letter, the data will not be published for the protection of the signatories for reprisals*

*For the same reason, contacting us is only possible by e-mail: [trust-in-humanity@pm.me](mailto:trust-in-humanity@pm.me)*

Source: <https://viruswaarheid.nl/belangrijk/stop-holocaust/>